

Book Reviews

Endocrine Surgery Update. Norman W. Thompson, Aaron I. Vinik. 426 pp. New York, Grune & Stratton, Inc. 1983. \$59.00.

THE ENDOCRINE SURGEON, as a recently evolved surgical specialist, could be an exanimate technician removing glands at the discretion and direction of physician colleagues. *Endocrine Surgery Update*, organized by the University of Michigan Department of Surgery, is a clear statement of emphasis that the endocrine surgeon can and should be actively involved in the investigation and pre- and postoperative care of the patient with endocrine disease and should possess skills and judgment for optimal operative management.

The title proclaims an "Update" but many chapters have useful introductory historical sections. Uniformity in this approach would have been welcome.

In the section on thyroid disease, two chapters debate opposing views: radioactive iodine therapy *versus* surgery for thyrotoxicosis and radical *versus* conservative surgery for tumors. Some duplication of argument inevitably occurs but we are led to use our own judgment for thyrotoxicosis and are asked to help resolve the second issue by participation in the National Cancer Treatment Cooperative Study Group. Clear and incisive analyses of the values of thyroid scans and the various biopsy techniques in the investigation of thyroid nodules are excellent contributions to the section.

So rapid is advance in endocrine research that, on one hand, we can detect and measure over 30 gastroenteropancreatic peptides where perhaps only one-third will be identified with a clinical syndrome and, on the other hand, noninvasive localization techniques detect adrenal lesions with no apparent function (incidentalomas). The update in these areas is well covered.

The final chapters of the book deal with hyperparathyroidism. No mention is made of recent isotopic localization of adenomas with a thallium/technetium subtraction technique and perhaps not enough emphasis was placed on the consensus view that localization studies are applicable mainly prior to reoperative situations. Financial considerations are discussed in the analysis of localization techniques—important information for centers where resource and finance limits influence investigational strategy.

The reviewer would concur with the editors' prefatory remarks that this book is "a comprehensive, current, and authoritative review of endocrine surgery." It is to be recommended to all who investigate and treat patients with endocrine disease.

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Computed Tomography of the Body. Albert A. Moss, Gordon Gamsu, Harry K. Genant. 1216 pp. Philadelphia, W. B. Saunders Co. 1983. \$110.00.

TECHNOLOGIC ADVANCES IN MEDICAL CARE have captured the attention of both the medical and the lay press. Nowhere is

this technologic revolution more apparent than in the field of diagnostic medical imaging, and the focal point of high technology imaging has been computed tomography (CT) scanning. The past 10 years have seen a rapid improvement in scanner technology and a gradual acceptance of CT as an important and sometimes uniquely valuable method of detecting and characterizing a vast number of structural abnormalities in the entire body. Now that a relative plateau in scanner technology has been reached and general guidelines regarding CT value and utilization are widely acknowledged, it is appropriate that textbooks on CT of the body are beginning to appear.

Computed Tomography of the Body, edited by Moss, Gamsu, and Genant, was designed to be a comprehensive state-of-the-art textbook, and it is based almost exclusively on the cumulative experience of the radiologists at the University of California, San Francisco. The book is divided into 24 chapters with contributions by 22 authors. Most of the chapters are devoted to a detailed discussion of the CT features of a specific organ or anatomic compartment: every body region except the brain is included in this volume and there are additional chapters covering the basic physical principles of CT, interventional techniques, CT applications for children, and advanced quantitative techniques using CT. The book concludes with an introduction to the new field of nuclear magnetic resonance imaging—a technique that yields cross-sectional images similar in basic appearance to CT images.

Despite the large number of contributors, there is a clear uniformity to design of the individual chapters. Each chapter first describes the basic CT anatomy of the organ or body part being discussed, then detailed the specific techniques used for that region such as the type and amount of contrast agents recommended and the thickness, number, and spacing of the individual cross-sectional images to be obtained. The CT features of all pertinent disease entities are then described and illustrated. Many but not all chapters conclude with a discussion of the relationship of CT to other competing or potential imaging modalities with a balanced and realistic assessment of the authors' current recommendations regarding the role of each modality in specific clinical situations.

The quality of the printing and illustrations is generally excellent with pertinent use of tables and figures. A small but disturbing number of faded pages marred the copy that I reviewed. The double column format made for easy reading, the annotated references were up-to-date, and the index was generous and useful. Although most of the CT images were from recent state-of-the-art CT scanners, I found some of them were taken from images using an inappropriately high window level resulting in the pertinent soft structures appearing too dark in the illustration.

My main disappointment with this important book is its size, weight, and high cost. Some of this could have been reduced by more optimal editing of material and choice of illustration size. The chapter on CT of the larynx and trachea consumes 89 pages, grossly disproportionate to the 63 pages devoted to the much more important chapter on CT of the pancreas. Throughout the book, I found the size of most illustrations unnecessarily large; the images would have been